

**Tucson Unified School District**

**SECTION 504 REVIEW LETTER**

Student Name: \_\_\_\_\_ Student #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_

To The Parent/Guardian of: \_\_\_\_\_ (Student Name)

I have received a copy of your child's current Section 504 Student Accommodation Plan, developed by your child's prior school. As part of our efforts to help support your child in our school, I have reviewed the Plan and discussed the instructional and testing accommodations with all of your child's teachers as outlined in the Plan received. They have received a copy of the Plan and confirmed their understanding of the Plan and their related responsibilities. A copy of the signed Section 504 Teacher Confirmation is enclosed for your records.

We would like the opportunity to see how your child performs in our school before reconvening the 504 Team, so that we have current classroom observations, performance data and input to share with you regarding any revisions to the Plan we feel are necessary. We will contact you within the next month to schedule a time to meet with you. We will work with you to arrange a mutually convenient time to meet as well as send you a written notice of the meeting as we value your participation in the discussion and decision making process. If you have any questions or if you would like your child's Section 504 Team to meet sooner than we are proposing, please contact me.

Section 504 provides you with specific rights concerning your child. These rights are summarized on the "Parent's Rights and Safeguards Under Section 504" document enclosed with this letter.

\_\_\_\_\_  
Campus 504 Coordinator

\_\_\_\_\_  
Telephone Number

Enclosures: Section 504 Teacher Confirmation  
Parent's Rights and Safeguards Under Section 504